

**ADULT NONMEDICAL ALCOHOLISM OR DRUG ABUSE
RECOVERY OR TREATMENT
FACILITY**

INITIAL LICENSING APPLICATION BOOKLET

ADP 5085-L



STATE OF CALIFORNIA

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

QUALITY ASSURANCE DIVISION

LICENSING AND CERTIFICATION BRANCH

1700 K STREET

SACRAMENTO, CA 95814-4037

(916) 322-2911

FAX (916) 323-0659

TTY (916) 445-1942

Revised 01/01

INITIAL LICENSING APPLICATION

Requirements for License

Chapter 7.5, Part 2, Division 10.5 of the California Health and Safety Code states that "no person, firm, partnership, association, corporation, or local government entity shall operate, establish, manage, conduct, or maintain an alcoholism or drug abuse recovery or treatment facility in this state without obtaining a current, valid license pursuant to this chapter".

The code defines an alcoholism or drug abuse recovery, treatment, or detoxification facility as any facility, place or building which provides 24-hour residential nonmedical services in a group setting to adults. For the purpose of further defining whether licensure is required, alcoholism or drug abuse recovery or treatment services mean services which are designed to promote treatment and maintain recovery from alcohol or drug problems which include one or more of the following: detoxification, group sessions, individual sessions, educational sessions, and recovery or treatment planning. If you have questions regarding the need for your facility to be licensed or regarding the requirements for licensure, please call the Department of Alcohol and Drug Programs at **(916) 322-2911** and request to speak with a licensing analyst.

Procedure for Obtaining a License

Applicants for licensure are required to submit a complete written application, demonstrate a capability to meet the goals and objectives of an alcoholism or drug abuse recovery or treatment facility, **obtain a valid and appropriate fire clearance**, and pass an inspection by a Department of Alcohol and Drug Programs licensing analyst.

This booklet details the requirements in three sections:

Section A – Contains the application forms which must be completed and submitted to the Department.

Section B – Identifies documents the applicant must develop or secure and submit to the Department as a part of the license application.

Section C – Identifies those areas that will be reviewed at the time the Department conducts its on-site review of the applicant's facility. ***Documents identified are not to be submitted to the Department prior to the review of the facility but must be readily available for review at all times.***

To assist applicants in supplying the detailed information needed for the licensing process, a copy of the Licensing Regulations, Title 9, Chapter 4, Subchapter 5 of the California Code of Regulations (CCR) is enclosed with this booklet.

Please do not bind or place the application in a protective covering. It is recommended that the applicant(s) retain a copy of completed materials for their records. Please mail the completed application forms contained in Section A and the documents required in Section B to:

**Department of Alcohol and Drug Programs
Licensing and Certification Branch
1700 K Street
Sacramento, CA 95814-4037**

Public Information

Information provided by the applicant(s) for licensure can be made available for public review unless otherwise exempted by law (Inspection of Public Records, Chapter 3.5, Division 7, Government Code).

"For Profit" Applicant Fees

Organizations applying for licensure, other than nonprofit organizations and local governmental entities, must submit the first two years' licensing fee with their applications.

Pursuant to Chapter 7.5 of the Health and Safety Code, the Department of Alcohol and Drug Programs shall fix a fee for licensure and for license extension every two years in the amount sufficient to cover its cost in administering the licensure under this chapter for other than nonprofit organizations and local governmental entities. A fee of \$2,150 has been established for a two-year license. Applicants shall send a check or money order, along with the initial application, made payable to: Department of Alcohol and Drug Programs.

Because the **fees are nonrefundable**, applicants should be certain through discussions with a licensing analyst that they intend to go forward with the licensing process before they submit their application and fees. The Department will terminate the initial application process for failure to submit the licensure fee.

License Application Processing

Incomplete application(s) *will* delay the licensing process. The licensing process normally is completed within 120 days. ***The 120 days begins when an application is determined to be complete.***

Existing Licensees ONLY

IS THIS AN APPLICATION TO:

☐ **MOVE AN EXISTING FACILITY FROM ONE LOCATION TO ANOTHER?** If so, it is important to note that licenses are not transferable from one address to another. The licensee shall take the following steps:

1. Call the assigned analyst at least 60 days prior to the move,
and
2. **At least 45 days prior to the move, complete the initial application booklet. Failure to do so may result in a lapse in licensure.** The required documentation for the license application may be limited to information specific to the facility if the "licensee's" file at the Department is current.

OR

☐ **MODIFY AN EXISTING LICENSE** (add/delete a building, add/delete an address on the license, or to increase or decrease total occupancy of the facility)? If so:

1. Call your assigned analyst with information specific to the change.

ADDITIONALLY, if the change is to add a building, address, or an increase in capacity:

2. Complete Section A-1 of this application, obtain a new approved fire clearance, update the sketch of the grounds/floor plans and mail to the address stated earlier.

Please note that prior to the issuance of a revised license, the licensee cannot expand the capacity or provide services at another building or address.

OR

☐ **REQUEST AN INITIAL LICENSE AT A NEW ADDRESS** (not adding to an existing license nor relocating an existing facility)? If so:

1. Call your assigned analyst and discuss the licensing package. The required documentation may be limited to the information specific to the new facility (i.e., fire clearance, designation of authorized representative, sketch of grounds, etc.).

SECTION A

Application Forms

	For Internal Use Only			
Applicant ✓ off and initial when submitting	YES	NO	INC	N/A
<input type="checkbox"/> 1. Application for License (A-1)				
<input type="checkbox"/> 2. Administrator/Director Information (A-2)				
<input type="checkbox"/> 3. Administrative organization, Corporations (A-3A) Public Agency, Partnership, Sole Proprietor, or Other Association (A-3B)				
<input type="checkbox"/> 4. Designation of Administrative Responsibility (A-4)				
<input type="checkbox"/> 5. Facility Staffing Data (A-5)				
<input type="checkbox"/> 6. Weekly Activities Schedule (A-6)				

Explanation of Section A - Forms to be submitted to the Department of Alcohol and Drug Programs to initiate the request for licensing. Facilities that have more than one property address may require completion of additional Section A portions of the application. If you have any questions regarding this issue call the Department of Alcohol and Drug Programs at (916) 322-2911 and ask to speak with a licensing analyst.

1. Application for License (A-1) - identifies the applicant(s), facility, and other required information for licensure. [Regulations Section 10516]
2. Administrator and/or Director Information (A-2) - identifies the Administrator and/or Director of the facility applying for licensure and verifies qualifications to operate a facility. [Regulations Section 10564]
3. Administrative Organization - identifies the entity applying for licensure, Corporation (A-3A) or Public Agency, Partnership, Sole Proprietor, or Other Association (A-3B). [Regulations Section 10516(a)(2)]
4. Designation of Administrative Responsibility (A-4) - identifies the person(s) authorized by the applicant to accept responsibility of facility in his/her absence. [Regulations Section 10564(a)(2)]
5. Facility Staffing Data (A-5) - identifies all facility personnel, including back-up persons and volunteers providing services. [Regulations Section 10564(f)]
6. Weekly Activity Schedule (A-6) - indicates the weekly schedule for specific activities and recovery or treatment services such as detoxification, group sessions, education, problem solving, counseling sessions, recreation, individual and family sessions, recovery or treatment planning, or other activities the facility is providing for the residents. [Regulations Sections 10501(a)(6) and 10574]

**SECTION B – SUPPORTIVE DOCUMENTS
REQUIRED TO BE SUBMITTED AS
PART OF LICENSE APPLICATION**

Applicant ✓ off and initial when submitting	For Internal Use Only			
	YES	NO	INC	N/A
<input type="checkbox"/> 1. Approved Fire Safety Inspection Request (Standard Form 850)				
<input type="checkbox"/> 2. Licensing Fees (Applicants other than nonprofit)				
<input type="checkbox"/> 3. Plan of Operation				
<input type="checkbox"/> a. Statement of program goals and objectives				
<input type="checkbox"/> b. Outline of activities and services				
<input type="checkbox"/> c. Admission policies and procedures				
<input type="checkbox"/> d. Assurance of nondiscrimination in employment practices and provisions of benefits and services				
<input type="checkbox"/> e. A copy of the facility's residential admission agreement				
<input type="checkbox"/> f. Table of administrative organization of the <u>facility</u>				
<input type="checkbox"/> g. Staffing plan, job descriptions, and minimum staff qualifications				
<input type="checkbox"/> h. A sketch of the grounds, showing buildings, driveways, fences, storage areas, pools, gardens, recreation areas, and other space used by residents				
<input type="checkbox"/> i. Floor plans which describe the dwelling capacity, intended use, and dimensions of the rooms				
<input type="checkbox"/> j. Sample menus and schedule for one calendar week, indicating the times of day that meals are to be served				
<input type="checkbox"/> k. Consultant and community resources to be utilized by the facility as part of its program				
<input type="checkbox"/> 4. Provisions for Safeguarding Residents Property				
<input type="checkbox"/> 5. Bacteriological Analysis of Private Water Supply				

**EXPLANATION OF SECTION B – SUPPORTIVE DOCUMENTS
TO BE SUBMITTED TO THE
DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS**

1. Fire Safety Inspection Request (Standard Form 850) – A valid and appropriate fire clearance issued from the fire authority having jurisdiction for the area in which the facility is located. The fire clearance shall include a determination of the number of beds for ambulatory residents and for nonambulatory residents in the facility and any restrictions regarding nonambulatory clearances. [Regulations Section 10517(a)(1)]
2. Licensing Fees – Except for facilities which are operated under the auspices of a nonprofit organization or a governmental entity, all applicants for licensure and all licensees are required to pay a licensing fee. [Regulations Section 10533(a)]
3. Plan of Operation – Shall include, but not be limited to the following items [NOTE: Items a, b, and c should clearly demonstrate a relevance to the type of submitted application—alcohol , drug or combined alcohol and drug facility(ies)]:
 - a. Statement of program goals and objectives – written statement to include program goals (intent or the purpose of its existence) and objectives of the facility. [Regulations Section 10517(a)(2)(A)]
 - b. Outline of activities and services – written statement listing the activities and services being provided by the facility. [Regulations Section 10517(a)(2)(B)]
 - c. Admission policies and procedures – written statement of admission policies and procedures regarding acceptance of residents. [Regulations Section 10517 (a)(2)(C)]
 - d. Assurance of nondiscrimination in employment practices and provision of benefits and services – written assurance of nondiscrimination in employment practices, provision of benefits and services. [Regulations Section 10517(a)(2)(D)]
 - e. A copy of the facility's residential admission agreement – a copy of the most current admission agreement used by the facility. [Regulations Section 10517(a)(2)(E)]. Pursuant to Title 9, California Code of Regulations, Section 10566, the admission agreement shall specify all of the following:
 - Services to be provided,
 - Payment provisions including (amount assessed and payment schedule),
 - Refund policy,
 - Those actions, circumstances or conditions which may result in resident eviction from the facility,
 - The consequences when a resident relapses and consumes alcohol and/or nonhealth sustaining drugs, and
 - Conditions under which the agreement may be terminated.

**SECTION B – REQUIRED TO BE SUBMITTED AS
PART OF LICENSE APPLICATION
(CONT.)**

- f. Table of administrative organization of the facility – a chart that shows the governing board, advisory groups, including resident council when applicable, and both lines of authority (straight lines) and communications lines (broken lines) to all staff positions. [Regulations Section 10517(a)(2)(F)]
- g. Staffing plan, job descriptions, and minimum staff qualifications – narrative description of staff needs (i.e., briefly describe staff composition, job description) for each position at facility (both paid and volunteer) which includes minimum staff qualifications for each position. [Regulations Section 10517(a)(2)(G)]
- h. Sketch of Buildings and Grounds – sketch on an 8½ x 11” sheet of paper all building(s) to be occupied, including a floor plan of all rooms intended for resident’s use. A sketch of the grounds showing buildings, driveways, fences, storage areas, pools, gardens, recreational area and other space to be used by residents. All sketches shall show dimensions but need not be to scale. The number of residents per bedroom, and the location and the number of beds for all residents, including the location of beds for infants and other nonambulatory persons, must be identified. [Regulations Section 10517(a)(2)(H)&(I)]
- i. Sample menus and schedule for one calendar week – menu(s) shall include times of food service, food provided for breakfast, lunch, and dinner for one week, and type and availability of snacks. [Regulations Section 10517(a)(2)(J)]
- j. Consultant and community resources to be utilized by the facility as part of its program. Provide a copy of this inventory which shall be used as a resource for assisting participants in securing additional services to meet and maintain their personal well-being while continuing to enhance personal development. [Regulations Section 10517(a)(2)(K)]
- 4. Provisions for Safeguarding Resident’s Property – describe the process for safeguarding of resident’s personal property accepted by the licensee for safekeeping, if it is the licensee’s policy to accept such valuables. [Regulations Section 10516(a)(8)]
- 5. Bacteriological Analysis of Private Water Supply – a bacteriological water analysis is required for alcoholism or drug abuse recovery or treatment facilities that receive water from a nonmunicipal source. This shall be conducted by the local health department, the State Department of Health Services, or a licensed commercial laboratory. This analysis shall be done on an annual basis. [Regulations Section 10517(b)]

SECTION C – SUPPORTIVE DOCUMENTS

Explanation of Section C – At the time of the on-site review the following items need to be ready and available for the licensing analyst.

1. Plan of Operation
A written plan of operation must be maintained which includes, at minimum, all requirements listed in Regulation Section 10517(a)(2).
2. Personnel Records of all Paid and/or Volunteer Staff
Personnel records must, at minimum, contain all of the requirements listed in Regulations Sections 10564, 10565 and 10572. The attached form Health Screening Report – Facility Personnel (C-3) may be used for Sections 10564(c) and 10565(b).
3. Resident Records
Resident records must, at minimum, contain all requirements listed in regulations Sections 10566, 10567, 10568 10569 and 10572.
4. Telephones and Transportation
Telephones must be provided for emergency use to comply with Regulations Section 10570. Vehicles used to transport residents must comply with Regulation Section 10571.
5. Health Related Documents and Policies
Health related documents and policies must contain all requirements listed in regulations Section 10572. The attached forms Centrally Stored Medication and Destruction Record (C-6A) may be used by the facility and Unusual Incident/Injury/Death Report (C-6B) shall be used by the facility. In addition, there shall be written rules and policies to prevent persons (except in detoxification programs) who have consumed alcohol or other drugs from being on the premises [Section 10572(e)].
6. Food Service – Documents and Storage
Food Service department, food preparation areas, and storage areas will be reviewed to ensure compliance with Regulations Section 10573.
7. Physical Service – Documents and Storage
The building will be inspected to ensure compliance with Regulations Section 10580 through 10584.
8. Federal Requirements
A copy of the Code of Federal Regulations regarding confidentiality, (42 CFR) and the Code of Federal Regulations regarding nondiscrimination, (45 CFR), must be maintained at the facility and available for review in accordance with Regulations Sections 10517(a)(2)(D), 10564, 10568, and 10569. The attached form Personal Rights (C-9) may be used by the facility for convenience.

State of California Department of Alcohol and Drug Programs
 Health and Human Services Agency
APPLICATION FOR INITIAL LICENSE
A-1

DIRECTIONS TO FACILITY (applicant may include map)) 25 (3\$570 (17\$/ 86 (21 / <
	COUNTY:
	DATE:
	REVIEWED BY:
	ID NUMBER:

INITIAL APPLICATION

1. APPLICANT INFORMATION:

 Name of Applicant (if Corporation, legal name of Corporation)

 (Mailing Address of Applicant)

 (City/State)

 (Zip)

 (Contact Person)

 (Title)

 (Telephone)

 (Fax number, if applicable)

TYPE OF ORGANIZATION:

☐ For Profit

☐ Nonprofit

☐ Other, please explain: _____

Partnerships, corporations, sole proprietors and other associations must complete form ADP 5085 A-3A or A-3B.

APPLICANT:

Has the applicant ever been a licensee or co-licensee of another alcoholism or drug abuse recovery or treatment facility or a facility licensed by Department of Social Services - Community Care Licensing?

☐ Yes

☐ No

If yes, name of facility: _____

License Number: _____

Licensing Agency: _____

Has the applicant ever voluntarily surrendered, had a denial, suspension, or revocation of a residential license for an alcoholism or drug abuse recovery or treatment facility or a facility licensed by the Department of Social Services - Community Care Licensing?

☐ Yes ☐ No

If yes, the date license was surrendered, denied, suspended, or revoked: _____

2. FACILITY/PROGRAM INFORMATION:

(Name of Facility/Program)

(Street Address of Facility/Program) (City/State) (Zip)

(County) () ()
(Facility/program Phone) (Facility/program FAX Number)

Proposed facility/program located within: ☐ Incorporated city limits
OR ☐ Unincorporated portion of the county

Mailing Address - (if different from above)

(Name of Facility Administrator) (Title) (Telephone)

**A. TYPE OF ALCOHOL AND/OR OTHER DRUG RECOVERY OR TREATMENT SERVICES PROVIDED:
(Check all that apply)**

☐ Detoxification* ☐ Group Sessions
☐ Individual Sessions ☐ Educational Sessions
☐ Recovery or Treatment Planning ☐ Other: _____

***Additional regulatory requirements must be met to provide detoxification services. Refer to Title 9, CCR, Section 10572(b)(1).**

B. TOTAL OCCUPANCY OF FACILITY (FOR FIRE CLEARANCE PURPOSES) AS DETERMINED BY THE FIRE INSPECTOR. (This is the maximum number of individuals who **live** at the facility and are approved by the fire safety inspector.) These individuals **include** the residents receiving recovery, treatment or detoxification services, children of the residents, and staff. **It is important to note that staff includes individuals who work for the applicant in exchange for either monetary or in-kind compensation (e.g., room and board).**

Total occupancy cannot be exceeded for any reason. _____

C. MAXIMUM REQUESTED ADULT RESIDENT CAPACITY OF THE FACILITY (The number of adult residents that **receive recovery, treatment or detoxification services at any one time**, which cannot be greater than the total occupancy shown in B above): _____

D. MAXIMUM NUMBER AND AGE RANGE OF DEPENDENT CHILDREN WHO ARE SUPERVISED BY THEIR PARENT(S) IN THE FACILITY. This includes temporary residing (i.e., overnight, weekend visits) of dependent children. (Since there must always be at least one adult being served, the maximum number of dependent children housed must be at least one less than the total occupancy, determined by the fire inspector, as shown in 9 above): _____

E. DURATION OF USUAL RECOVERY OR TREATMENT PROGRAM IN FACILITY TO BE LICENSED (in days): _____

F. IS THE FACILITY/PROGRAM ACCESSIBLE TO INDIVIDUALS IN WHEELCHAIRS OR OTHER NONAMBULATORY CONDITIONS?

☐ Yes ☐ No

NOTE: The Americans with Disabilities Act of 1990 (ADA) - Public Law 101-336, C42 U.S.C., Chapter 126 is a comprehensive federal anti-discrimination law for people with disabilities. The Department of Alcohol and Drug Programs reminds all providers of alcoholism or drug abuse recovery or treatment services that discrimination against persons with disabilities is prohibited. Further, the Department of Alcohol and Drug Programs encourages you to become familiar and comply with the ADA guidelines. Local governmental entities should be contacted for specific ADA requirements for your area.

G. IS FACILITY/PROGRAM APPLYING FOR A WAIVER TO SERVE ADOLESCENTS?

☐ Yes ☐ No

If yes, a proposal to serve adolescents must be submitted with the application (in accordance with Title 9, CCR, Article 8, commencing with Section 10590.

H. POPULATION DEMOGRAPHICS

Describe and check the demographics of the resident population to be served (age, race/ethnicity, and sex).
[Title 9, CCR, Section 10516 (a)(5)]

-
- | | | | |
|------------------------------|-----------------------------|------------------------------|-----------------------------------|
| <input type="checkbox"/> 1.1 | General Population (co-ed)* | <input type="checkbox"/> 1.4 | Dependent Children of Residents** |
| <input type="checkbox"/> 1.2 | Men Only | <input type="checkbox"/> 1.5 | Adolescents (14-17)* |
| <input type="checkbox"/> 1.3 | Women Only | <input type="checkbox"/> 1.8 | Dual Diagnosis*** |

* **The applicant prior to serving this population must meet additional regulatory requirements. (Co-ed refer to Title 9, CCR, Section 10581(f)(1-3)) (Adolescents refer to Title 9, CCR Sections 10598-19631)**

** **The approved fire clearance must address any dependent children of residents residing at the facility. This includes temporary residency (i.e., overnight weekend visits of dependent children).**

*** **Serving this population may require the applicant to obtain a license from another state agency. For example, the Department of Alcohol and Drug Programs does not have licensing authority over facilities in which staff provides assistance to residents with activities of daily living. This includes, but is not limited to, assistance in dressing, grooming, bathing, and other personal hygiene. CONTACT THE DEPARTMENT OF SOCIAL SERVICES - COMMUNITY CARE LICENSING at (916) 324-4031 or a regional office (identified in the government pages of a local phone book) if you have questions regarding the proper licensing department.**

I. FACILITY DESCRIPTION:

1. Was the building currently under consideration previously licensed as a residential facility by the Department of Alcohol and Drug Programs, Department of Social Services or Department of Health Services?

☐ Yes ☐ No ☐ Unknown

If yes, give former facility name, name of licensing agency, and license number:

(Name)

(Licensing Agency)

2. Total number of buildings to be included in the license: _____
3. Are all buildings located on the same property or integral components of the same facility?
☐ Yes ☐ No
4. Is major construction anticipated? ☐ Yes ☐ No

If yes, give construction initiation and completion dates:

(Initiation)

(Completion)

Please note: New construction and major renovations need to comply with ADA regulations.

5. Is water used for human consumption from a municipal water source?
☐ Yes ☐ No

(a) If yes, give the name of the municipality: _____

(b) If no, give source of water: _____

NOTE: A bacteriological analysis is required for nonmunicipal water (Chapter 5, Division 4, of Title 9, Section 10518, California Code of Regulations). The local health department, the State Department of Health Services, or a licensed commercial laboratory may conduct this. A copy of the analysis is to be submitted with the application and shall be updated annually and maintained at the facility.

J. NONPROFIT APPLICANTS ONLY (any change to the information below must be reported to the Department of Alcohol and Drug Programs):

Have you obtained tax-exempt status from the Internal Revenue Service under Internal Revenue Code 501(c)(3) **and** from the California Franchise Tax Board under Revenue and Taxation Code 23701d?

☐ YES ☐ NO

IF YES: What is your primary purpose (check one)?

☐ Charitable ☐ Religious ☐ Educational

☐ Other - Please Specify: _____

IF NO: Are you nonprofit based on another provision of the law? ☐ YES ☐ NO

IF YES: Specify the provision: _____

K. RELIGIOUS ACTIVITIES:

1. Do you **mandate** religious study or activities as part of your recovery, treatment, or detoxification services? ☐ YES ☐ NO

IF YES: The religious studies or activities must be reflected on the Weekly Activities Schedule and in the Admission Agreement.

2. Do you offer, on a voluntary basis, religious study or activities as part of your recovery, treatment, or detoxification services? ☐ YES ☐ NO

IF YES: Religious study or activities and distinct nonreligious activities for those not choosing the religious studies or activities must be reflected on the Weekly Activities Schedule and the Admission Agreement.

IT IS IMPORTANT TO NOTE: PUBLIC FUNDS CANNOT BE USED TO SUPPORT RELIGIOUS STUDY OR ACTIVITIES.

L. PUBLIC FUNDING:

- (1) Do you have a county contract? ☐ Yes ☐ No

- (2) Do you receive perinatal funds? ☐ Yes ☐ No

- (3) Do you receive any funds from the Department of Corrections?

☐ Yes ☐ No

If yes, check source:

☐ Bay Area Services Network

☐ Prison Project Network

☐ Parole Partnership Program

☐ Other: _____

- (4) Other public funding: _____

M. PROPERTY OWNERSHIP:

☐ Own ☐ Rent ☐ Lease ☐ Other (specify): _____

If renting or leasing, name, address and telephone number of property owner:

(Name)

(Telephone)

(Address)

(City/State)

(Zip)

- N. RECORDS:** (Regulations Section 10568(a) requires resident records to be maintained at the facility site. However, Regulations Section 10565(c) allows personnel records to be maintained in a central location provided that they are readily available to the department at the facility site upon request). Are your personnel records maintained at the facility site?

☐ YES

☐ NO

If no, address where personnel records are maintained:

O. EMPLOYEES:

Total number of employees at facility to be licensed: _____

Total number of employees of provider: _____

3. APPLICANT RESPONSIBILITIES:

- A. In addition to complying with the Health and Safety Code and regulations and the Alcohol and/or Other Drug Program Certification Standards concerning licensing, certification and fire safety, I/we understand that there is also an obligation to meet other state, federal, and/or local codes and regulations, such as ***zoning, building, sanitation, labor, nondiscrimination, confidentiality, and Americans with Disabilities Act.***
- B. Permission shall be obtained by the applicant from the Department of Alcohol and Drug Programs prior to making any changes that affect the terms of the license and/or certification.
- C. **The applicant may withdraw its application by submitting a written request to do so.** Such withdrawal shall not constitute denial of the application. However, withdrawal does not prohibit the Department of Alcohol and Drug Programs from taking action to deny an application.

4. AUTHORIZED SIGNATURE(S) OF APPLICANT:

THE UNDERSIGNED ASSURES THAT THE APPLICANT DOES NOT DISCRIMINATE IN EMPLOYMENT PRACTICES AND PROVISION OF SERVICES ON THE BASIS OF ETHNIC GROUP IDENTIFICATION, RELIGION, AGE, SEX, COLOR, OR DISABILITY PURSUANT TO TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 (SECTION 2000d, TITLE 42, UNITED STATES CODE); THE AMERICANS WITH DISABILITIES ACT OF 1990 (SECTION 12132, TITLE 42, UNITED STATES CODE); SECTION 11135 OF CALIFORNIA GOVERNMENT CODE; AND FOR RECIPIENTS OF FINANCIAL ASSISTANCE, THE REHABILITATION ACT OF 1973 (SECTION 794, TITLE 29, UNITED STATES CODE), AND CHAPTER 6 (COMMENCING WITH SECTION 10800) DIVISION 4, TITLE 9 OF THE CALIFORNIA CODE OF REGULATIONS.

- A. If the applicant is a sole proprietor, the application shall be signed by the proprietor [Title 9, CCR, Section 10516(b)]

- B. If the applicant is a partnership, the application shall be signed by each partner. [Title 9, CCR, Section 10516(b)(1)] [Standards Section 3030 a. 2. B.]
- C. If the applicant is a firm, association, corporation, county, city, public agency or other governmental entity, the application shall be signed by the chief executive officer or the individual legally responsible for representing the agency. [Title 9, CCR, Section 10516(b)(2)]
- D. The applicant(s) affirms that the facts contained in this application and supporting documents are true and correct.

(Signature)	(Title)	(Date)
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(Signature)	(Title)	(Date)
-------------	---------	--------

(Signature)	(Title)	(Date)
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IDENTIFYING INFORMATION

NAME	
TITLE	TELEPHONE NUMBER ()
ADDRESS	
OTHER NAME(S) USED BY ADMINISTRATOR/DIRECTOR	

EDUCATION

EDUCATION	CIRCLE THE HIGHEST GRADE YOU COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12	HIGH SCHOOL GRADUATE PASSED HIGH SCHOOL EQUIVALENCY TESTS	YES <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED SEMESTER QUARTER UNITS UNITS	DEGREE OBTAINED	DATE COMPLETED

MANAGEMENT EXPERIENCE

Type	Title	Date Started	Date Ended	Reason for Leaving

DO YOU HAVE A PROFESSIONAL LICENSE OR CERTIFICATE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, COMPLETE THE FOLLOWING
Type	Period Held	Issuing Agency

WORK EXPERIENCE. BEGIN WITH YOUR MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCE WHICH INDICATE COMPLIANCE WITH LICENSING REGULATIONS AND/OR CERTIFICATION STANDARDS.

Dates	Name and Address of Employer	Duties	Reason for Leaving
FROM			
TO			
FROM			
TO			
FROM			
TO			

Signed _____ Date _____

INSTRUCTIONS: Attach a copy of approved articles of incorporation papers from the Secretary of State. This form must be updated and submitted to the Department of Alcohol and Drug Programs each time there is a change in officers or change in the corporation.

CORPORATION

Name (as listed with the Secretary of State)		Chief Executive Officer	
Incorporation Date		Place of Incorporation	
Principal office of business: Address		City	Zip Code
			Telephone
Contact Person	Title		Telephone

Names and addresses of all persons who own ten per cent (10%) or more of stock in corporation.

Governing Board of Directors

a. Number of Board Members

b. Term of Office

c. Frequency of Meetings

d. Method of Selection

Board Officers and Members		USE A SEPARATE SHEET FOR ADDITIONAL NAMES		
Office	Name	Business Address & City & Zip Code	Telephone Number	Term Expiration
President				
Vice-President				
Secretary				
Treasurer				
Other				

APPLICATION FOR LICENSE AND/OR CERTIFICATION

ADMINISTRATIVE ORGANIZATION -

PUBLIC AGENCIES, PARTNERSHIPS, SOLE PROPRIETOR, AND OTHER ASSOCIATIONS

A-3B

PUBLIC AGENCY

1. Check type of public agency: ☐ County ☐ City ☐ Other, specify below

2. Agency providing service

Name

Address City Zip Code

Contact Person Title Telephone

3. Attach a copy of Resolution or other legal document authorizing this application

PARTNERSHIPS

1. Attach a copy of the partnership agreement

2. Partners

	Type of Partnership	Name	Business Address, City and Zip Code
1st Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		
2nd Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		
3rd Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		
4th Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		

Contact Person Title Telephone #

SOLE PROPRIETOR/OTHER ASSOCIATIONS

Sole Proprietors/other associations must also provide a list of all person(s) legally responsible for the organization, the contact person, and appropriate legal documents (fictitious name statement, business license) which set forth legal responsibility of the organization and accountability for opening the program. Use the following space or attach a separate sheet.

APPLICATION FOR LICENSE**DESIGNATION OF ADMINISTRATIVE RESPONSIBILITY****A-4**

Applicants who are corporations shall attach board resolutions authorizing a delegation to the Program Director and/or Administrator or other appropriate staff.

1. Applicant Name: _____

2. Program Name: _____

3. Program Address: _____

4. City: _____ County: _____ Zip Code: _____

5. Telephone: (____) _____

6. _____
(Name of person(s) authorized by applicant)

is hereby designated as administrator, program manager, or agent of the above-named program and is authorized to receive at the above named program on my behalf, any documents including reports of inspections and consultations, accusations, and civil and administrative processes.

PER SECTION 10561(C)(3), I WILL NOTIFY THE DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS, WITHIN 10 WORKING DAYS OF ANY CHANGE OF THE ADMINISTRATOR OF THE FACILITY.

7. _____
Signature of applicant(s)

8. Title: _____

9. Address: _____

10. City: _____ County: _____ Zip Code: _____

State of California - Health and Human Services Agency
APPLICATION FOR LICENSE AND/OR CERTIFICATION
FACILITY STAFFING DATA/A-5

Department of Alcohol and Drug Programs

INSTRUCTIONS: Use this form to identify all staff of the facility/program. Volunteers are to be designated by placing a "V" after their name.

[illegible]

WEEKLY SCHEDULE OF RECOVERY, TREATMENT, OR DETOXIFICATION SERVICES

(INCLUDE INDIVIDUAL/GROUP EDUCATION SESSIONS, RECOVERY OR TREATMENT PLANNING)

DETOXIFICATION SERVICES PROVIDED AT THE FACILITY (please check):

☐ YES ☐

NO

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6-7 a.m.							
7-8 a.m.							
8-9 a.m.							
9-10 a.m.							
10-11 a.m.							
11 a.m.-12							
12-1 p.m.							
1-2 p.m.							
2-3 p.m.							
3-4 p.m.							
4-5 p.m.							
5-6 p.m.							
6-7 p.m.							
7-8 p.m.							

TOTAL HOURS PER WEEK OF INDIVIDUAL/GROUP/EDUCATION SESSIONS, RECOVERY OR TREATMENT PLANNING, AND DETOXIFICATION SERVICES (IF PROVIDED): _____

Comments:

APPLICATION FOR LICENSE

HEALTH SCREENING REPORT - FACILITY PERSONNEL C-3

All personnel, including applicant or employed staff of an alcoholism or drug abuse recovery or treatment facility must demonstrate that their health condition allows them to perform the type of work required. This health appraisal is to be completed by or under the direction of a physician. A health screening by or under the direction of a physician must have been performed not more than sixty (60) days prior to employment or within seven (7) days after employment.

Note to Licensee: Pursuant to Title 1, Chapter 6.2 of the Americans With Disabilities Act (ADA), an employer may not make any medical inquiry or conduct any medical examination before making a job offer. After making a conditional job offer and before a person starts work, an employer may make unrestricted medical inquiries.

Facility Name: _____ Facility ID Number: _____

Facility Address: _____

Employee Name: _____ Title: _____

Home Address: _____

Number of Days/Week: _____ Number of Hours/Day: _____

Please attach a duty statement

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize the release of medical information contained in this report.

Signature of Employee

Note to Physician: Personnel in alcoholism or drug abuse recovery or treatment facilities shall be in good general health, free from communicable disease, and occupationally capable of performing assigned tasks. Please complete the following information on the above named person.

Evaluation of General Health:

Are there any limitations on this individual's ability to perform work described in the above duty statement?

NO YES If yes, explain or note any health conditions that would create a hazard to the person:

Date of TB Test: _____ ACTION TAKEN IF POSITIVE: _____

POSITIVE

NEGATIVE

Signature of Physician: _____ Date: _____

Signature of Health Screener: _____ Date: _____

APPLICATION FOR LICENSE

CENTRALLY STORED MEDICATION AND DESTRUCTION RECORD C-6A

Resident's Name:	Admission Date:	Attending Physician:
Facility Name:	Facility ID No.:	Program Director:

CENTRALLY STORED MEDICATION INSTRUCTIONS: Licit medications which are permitted by the licensee shall be controlled as specified by the licensee's written goals, objectives and procedures.

Medication Name	Strength/ Quantity	Instructions Control/Custody	Expiration Date	Date Filled	Prescribing Physician	Prescription Number	No. Refills	Name of Pharmacy

MEDICATION DESTRUCTION RECORD INSTRUCTIONS: Prescription drugs not taken with the resident upon termination of services or otherwise disposed of shall be destroyed in the facility by the Program Director or designated representative and witnessed by one other authorized individual (NON-RESIDENT).

Medication Name	Strength/ Quantity	Date Filled	Prescription Number	Disposal Date	Name of Pharmacy	Administrator's Signature	Witness' Signature

State of California - Health and Human Services Agency
UNUSUAL INCIDENT/INJURY/DEATH REPORT FORM
C-6B

Department of Alcohol and Drug Programs

Instructions: The licensee shall make a telephonic report to the Department of Alcohol and Drug Programs within one (1) working day for any of the following events: 1) Death of any resident from any cause. 2) Any facility related injury of any resident which requires medical treatment. 3) All cases of communicable disease reportable under Section 3125 of the Health and Safety Code or Section 2500, 2502, or 2503 of Title 17, California Administrative Code shall be reported to the local health officer in addition to the Department. 4) Poisonings. 5) Natural disaster. 6) Fires or explosions which occur in or on the premises. The telephonic report is to be followed by a written report to the Department within seven (7) days of the event. [Regulations Section 10561]

NAME AND SIGNATURE OF PERSON REPORTING INCIDENT:

NAME AND SIGNATURE OF AUTHORIZED REPRESENTATIVE:

FACILITY NAME AND LICENSE NUMBER:

FACILITY ADDRESS:

TELEPHONE NUMBER:

RESIDENT INFORMATION (Name, Age, Sex and Admission Date):

Complete report Sections I, II and/or III as appropriate.

I. UNUSUAL EVENT OR INCIDENT: Unusual incidents include resident abuse, unexplained absences, or anything that affects the physical or emotional health or safety of any resident and epidemic outbreaks, poisonings, catastrophes, facility fires or explosions. Describe event or incident including date, time, location and nature of event. List what immediate action was taken (include persons contacted and if injury occurred complete Section II). Describe what follow-up action is planned (include steps taken to prevent reoccurrence).

II. INJURY REQUIRING MEDICAL TREATMENT. Describe how and where injury occurred. What appears to be the extent of the injuries? List persons who observed the injury. Name the attending physician, findings, and treatment.

III. DEATH REPORT. Date and time of death. Place of death. Describe immediate cause of death (if coroner report was made, send copy within 30 days). What were conditions contributing to death? What actions were taken?

● Name of Attending Physician

● Name of Mortician

Programs

APPLICATION FOR LICENSE

PERSONAL RIGHTS - ALCOHOL RECOVERY AND DRUG TREATMENT FACILITIES

C-9

In accordance with Title 9, Chapter 4, Section 10569, of the California Code of Regulations, each person receiving services from a residential alcoholism or drug abuse recovery or treatment facility shall have rights which include, but are not limited to, the following:

The right to confidentiality as provided for in Title 42, Section 2.1 through 2.67-1, Code of Federal Regulations.

To be accorded dignity in personal relationships with staff and other individuals.

To be accorded safe, healthful, and comfortable accommodations to meet his or her needs.

To be free from intellectual, emotional and/or physical abuse.

To be informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the Department of Alcohol and Drug Programs.

To be free to attend religious services or activities of his or her choice and to have visits from a spiritual advisor, provided that these services or activities do not conflict with facility program requirements.

Participation in religious services will be voluntary only.

COMPLAINTS

In accordance with Title 9, Chapter 4, Section 10541(a), of the California Code of Regulations, any individual may request an inspection of an alcoholism or drug abuse recovery or treatment facility. Complaints should be directed to:

***Department of Alcohol and Drug Programs
Licensing and Certification Branch
1700 K Street
Sacramento, CA 95814-4037***

***Attention: Complaint Coordinator
(916) 322-2911
FAX (916) 323-0659
TDD: (916) 445-1942***

Acknowledgement

I have been personally advised and have received a copy of my personal rights and have been informed of the provisions for complaints at the time of my admission to:

(Name of Facility)

(Resident's Signature)

(Date)

APPLICATION FOR LICENSE

DERECHOS PERSONALES - FACILIDADES DE RECUPERACIÓN Y TRATAMIENTO

C-9 (S)

En conformidad con el Título 9, Capítulo 4, Sección 10569, del Código de Regulaciones de California, cada persona que recibe servicios en una facilidad residencial de recuperación o tratamiento para el alcoholismo o abuso de drogas tendrá derechos, los cuales incluyen, pero no son limitados a, los siguientes:

De ser otorgado confidencialidad de acuerdo con Título 42, Secciones 2.1 a 2.67-1, Código de Regulaciones Federales.

De ser otorgado dignidad en sus relaciones con el personal y con otras personas;

De ser otorgado hospedaje que es sano y cómodo de acuerdo con sus necesidades;

De quedar libre de abuso intelectual, emocional y/o físico;

De ser informado por el director de la facilidad de las estipulaciones de la ley con respeto a quejas, incluyendo, pero no limitado al domicilio y número telefónico del Department of Alcohol and Drug Programs.

De ser libre a asistir a servicios religiosos o actividades de su preferencia y de recibir visitas de un consejero espiritual de su preferencia con la provisión que estos servicios o actividades no entren en conflicto con los requisitos del programa de la facilidad. La asistencia a servicios religiosos, sean dentro o fuera de la facilidad, sera completamente por su propia voluntad.

QUEJAS

En conformidad con el Título 9, Capítulo 4, Sección 10543(a), del Código de Regulaciones de California, cualquier individuo puede solicitar una inspección de una facilidad de recuperación o tratamiento para el alcoholismo o abuso de drogas. Favor de dirigir sus quejas a:

***Department of Alcohol and Drug Programs
Attention: Complaint Coordinator
Licensing and Certification Branch
1700 K Street
Sacramento, CA 95814-4037***

***Numero Telefonico: (916) 322-2911
FAX: (916) 323-0659
TDD: (916) 445-1942***

Reconocimiento

He sido notificado y he recibido una copia de mis derechos personales y he sido informado de las estipulaciones para registrar quejas al ser admitido a:

(Nombre de la Facilidad)

(Firma del Residente)

(Fecha)